


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">4 / 19 / 16</div>			Name of Building Owner/Operator (2) <b>Comcast Cable</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>0</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>3600 Horizon Blvd, Suite 300</b>					
				City, State, Zip Code <b>Trevoose, PA 19053</b>					
				Name of Contact <b>Michael Grygo</b>		Telephone Number <b>215-286-7950</b>			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Comcast Voorhees</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>401 White Horse Rd.</b>									
City (5) <b>Voorhees, NJ 08043</b>				Square Feet <b>200,000+</b>	# of Floors <b>1.5</b>				
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)		Bldg. Age <b>44</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Vertex Companies</b>		ASCM No. <b>NA</b>		Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>					
Street Address <b>700 Turner Way</b>		Street Address <b>550 East Union St.</b>							
City, State, Zip Code <b>Aston, PA 19014</b>		City, State, Zip Code <b>West Chester, PA 19382</b>							
Project Manager for Monitoring Firm <b>Don Heim</b>		Telephone No. <b>610-558-8902</b>		Telephone No. <b>610-701-9000</b>	License No. <b>00508</b>				
Start Date (10) <div style="text-align: center;">5 / 3 / 16</div>		Scheduled Completion Date (11) <div style="text-align: center;">5 / 31 / 16</div>		Name of OSHA Monitor <b>AET</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>3:30</u> PM- <u>      </u> AM				Street Address <b>28 N. Pennel Road</b>					
				City, State, Zip Code <b>Media, PA 19063</b>					
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>2700 SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Main Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile Mastic</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Richard Burns &amp; Co.</b>		NJDEP Waste Hauler ID No. <b>19955</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Western Berks Community Landfill</b>				
City, State <b>Phila., PA</b>				Disposal Date <b>TBD</b>	City, State <b>Birdsboro, PA</b>				
Completed By (Print or Type) <b>Mark Griffin</b>		Title <b>Estimator</b>		Signature 			Date <b>4/19/16</b>		